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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # C10054

1. Corporation Name
MOUNT DORA LODGE NO. 238 FREE AND ACCEPTED MASON S OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1979391
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A DATE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	LIFUS MOORE, JAMES III	
STREET ADDRESS	31428 ARLINGTON AVENUE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOBBS, GORDON L JR	
STREET ADDRESS	20630 HWY 44-A	
CITY-ST-ZIP	EUSTIS FL 32726-9049	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MERLIN F	
STREET ADDRESS	1244 OVERLOOK RD	
CITY-ST-ZIP	EUSTIS FL 32726-5363	
TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, JAMES CALVIN	
STREET ADDRESS	3007 WINDCHIME CIR. W	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCNAIR, MARION JOEL	
STREET ADDRESS	11304 LAEKVIEW DR	
CITY-ST-ZIP	LEESBURG FL 34788-4410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Merlin F Lewis
1.3 STREET ADDRESS	1244 Overlook Rd
1.4 CITY-ST-ZIP	Eustis FL 32726-5363
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Calvin Watson
2.3 STREET ADDRESS	3007 WINDCHIME CIR W
2.4 CITY-ST-ZIP	APOPKA FL 32703
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Anthony Swiger
3.3 STREET ADDRESS	33241 E Lake Joanna Dr
3.4 CITY-ST-ZIP	Eustis FL 32736
4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Bernard Clancy III
4.3 STREET ADDRESS	30930 Country Rd 437
4.4 CITY-ST-ZIP	Sorrento FL 32776
6.1 TITLE	MOUNT DORA LODGE - SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	M.J. McNAIR
6.3 STREET ADDRESS	11304 LAEKVIEW DRIVE
6.4 CITY-ST-ZIP	LEESBURG FL 34788

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) of the Florida Statutes, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/7/99 DAYTIME PHONE #: 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)